# DEPARTMENT OF HEALTH AND HUMA SERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: 07/29/2015 FORM APPROVED OMB NO: 0938-0391

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#### F 000 INITIAL COMMENTS

An unannounced Medicare special focus survey was conducted 7/14/15 through 7/15/15. Corrections are required for compliance with the following Federal Long Term Care requirements.

The census in this 108 certified bed facility was 96 at the time of the survey. The survey sample consisted of 10 current resident reviews (Residents #1 through #10).

F 278 483.20(g) - (J) ASSESSMENT

SS=E ACCURACY/COORDINATION/CERTIFIED

The assessment must accurately reflect the resident's status.

A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.

A registered nurse must sign and certify that the assessment is completed.

Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.

Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.

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Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions written in the statement of deficiencies. This plan of correction is prepared soley because of the requirements under state and federal law.

 Address how correction action will be accomplished for those residents found to have been affected by the deficient practice.

Residents # 3 # 4 # 6 and # 9 assessments were reviewed immediately and modification procedures will be implemented to correct completed MDS assessments. Clinical corrections will also be undertaken as necessary to assure that all residents are accurrately assessed, care plan is accurate and all residents are recieveing necessary care.

MDS corrections have been completed and transmitted as follows: for

resident #3 (foley catheter and urinary tract infection), resident #4 (section I,active diagnosis related to the fracture), resident #6 (PDH and abstructive uranathy)

resident #9 (BPH and obstructive uropathy).

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

In the finding with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days also following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 rogram participation.

ORM CMS-2567(02-99) Previous Versions Obsolete

Event ID G5GS11

Facility ID VA0014

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#### F 278 Continued From page 1

Clinical disagreement does not constitute a material and false statement.

This REQUIREMENT is not met as evidenced by:

Based on resident interview, staff interview and clinical record review it was determined that the facility staff failed to ensure a complete and accurate Minimum Date Set (MDS) assessment for 4 of 10 Residents in the sample survey, Resident #3, Resident #4, Resident #6 and Resident #9.

The Findings Included

1. For Resident #3 the facility staff failed to ensure a complete and accurate Annual Minimum Data Set (MDS) assessment with the Assessment Reference Date (ARD) of 3/27/15. The facility staff failed to code that Resident #3 had a Foley catheter. The facility staff also incorrectly coded that Resident #3 had a urinary tract infection

Resident #3 was a 76 year old female who was admitted on 5/13/10. Admitting diagnoses included, but were not limited to: anxiety, depression, urinary tract infection, hypertension, diabetes mellitus, psychosis and a cerebrovascular accident with aphasia. The most current Minimum Data Set (MDS) assessment located in the clinical record was a Quarterly MDS with an Assessment Reference Date (ARD) of 6/25/15. The facility staff coded that Resident #3 had a Cognitive Summary Score of 13. The facility staff also coded that Resident #3 required extensive assistance (3/2) with Activities of Daily Living (ADL's). The facility staff also coded that Resident #3 was totally incontinent of bladder and bowel (3/3). On July 15, 2015 at 9:50 a.m. the surveyor

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2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice

All residents have the portential to be affected.

A 100% MDS assessment audit on residents with foley catheters was conducted since 7/16/2015 and is ongoing.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

MDS coordinators will be educated by the Corporate Q/A nurse regarding accurately coding to include but not limited to

- -Section H
- -Diagnosis codes
- -Criteria for coding UTI's
- -Review of assessments

The staff development coordinator will inservice the licensed nursing staff on the s/s of UTI, including the necessary criteria for documentation.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.

The DON or designee will audit 50% of MDS assessments completed weekly for the above issues x 4 months and subsequently on a random basis of at least 1 per week until consistent compliance is met for a minimum of three months.

Quality assurance nurse will review MDS assessments on all residents with foley catheters. Audit results will be shared in weekly standards of care and Q/A meetings.

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reviewed Resident #3's clinical record. Review of the clinical record produced a Nurse Practitioner (NP) note dated 2/12/15 that read in part "MASD (maceration associated skin damage) place foley cath (catheter) prevention of skin breakdown pressure ulcer infection continue with calmoseptine for barrier urinary incontinence-high risk UTI's (urinary tract infections) skin breakdown." (sic)

Continued review of the clinical record produced a physician order dated 2/12/15. The order read "Foley catheter once for 1 days Schedule Note: insert foley cath-prevent skin breakdown ® unresolved MASD risk for infection." (sic) The Foley catheter was discontinued on 3/24/15. Further review of the clinical record produced a NP note dated 3/24/15 that read in part ... "wants the catheter gone ... urinary management-D/C (discontinue) foley- v (check) UA+CS (urinalysis and culture and sensitivity) with D/C." (sic) Continued review of the clinical record produced Resident #3's vital signs and Nursing Progress Notes for the time frame of 3/1/15 though 3/31/15. The vital sign records and Nursing Progress Notes failed to document any associated signs or symptoms of a UTI. The Nursing Progress Notes documented that the UA and C&S was obtained on 3/24/15 and that Foley catheter was also discontinued on 3/24/15. Further review of the clinical record produced the results of a U/A and C&S dated 3/27/15 that documented that the urinalysis showed 2+ blood. 3+ leucocytes, white blood cells to numerous to count. The C&S showed that the urine culture was susceptible to numerous antibiotics. The facility staff faxed/notified the physician of the results of the UA and C&S. The physician ordered Cipro 500mg by mouth every 12 hours for 7 days.

5. Include dates when corrective action will be completed. All corrective action shall be completed on or before 8/28/2015

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F 278	an Annual MDS ass 3/27/15. The facility had a Cognitive Surfacility staff also codextensive assistance H. Bowel and Bladd Resident #3 was incomed bowel. The facility series Resident #3 had an within the look back Section I. Active Dia Infection (UTI) (Last coded that Resident days. On July 15, 2015 at notified the Director MDS Nurse (who was (LPN)) that Resident inserted on 2/12/15. DON and MDS Nurse discontinued on 3/24 the DON and MDS Nurse that the H. Bladder and Bow the MDS should havindwelling Foley cath notified the DON and had to be met to cod The surveyor notified that the four criteria a UTI, positive lab reand treatment. The and the MDS Nurse record failed to produce that the four criteria and the MDS Nurse record failed to produce the surveyor failed to produce the surveyor failed to produce the manual MDS Nurse record failed to produce the manual	age 3 If the clinical record produced sessment with an ARD of a staff coded that Resident #3 mmary Score of 13. The ded that Resident #3 required the (3/2) with ADL's. In Section der the facility staff coded that continent of bladder and staff did not code that a indwelling Foley catheter approach of seven (7) days. In agnoses 12300. Urinary Tract at 30 Days) the facility staff at #3 had a UTI in the past 30 at 10:15 a.m. the surveyor of Nursing (DON) and the as a Licensed Practical Nurse at #3 had a Foley catheter. The surveyor notified the set that the Foley was 4/15. The surveyor notified Nurse that Resident #3 had alessment with the ARD of yor notified the DON and blook back period for Section are was seven (7) days and are captured/coded the heter. The surveyor also did MDS Nurse that four criteria de/capture a UTI on the MDS. It is did the DON and MDS Nurse were signs and symptoms of a sults, physician diagnoses surveyor notified the DON that review of the clinical uce documentation of any related to a UTI. The	F 2	78			

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surveyor reviewed the clinical record with the

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DON and MDS Nurse. The surveyor pointed out the Foley catheter order and discontinuation of the Foley on 3/24/15. The surveyor also reviewed the NP note dated 3/24/15, UA and C&S results and physician order for Cipro The DON and MDS Nurse were unable to locate documentation of signs and symptoms of a UTI. The surveyor notified the DON and MDS Nurse that the MDS should not have been coded for a UTI in the past 30 days as documented signs and symptoms of a UTI were not documented in the clinical record.

On July 15, 2015 at 5 p.m. the survey team met with the Administrative Team (AT) that consisted of the Administrator, DON, two MDS Nurses (whom were both LPN's), the Corporate Quality Assurance Nurse, the facility Quality Assurance Nurse, the Dietary Manager, the Staff Development Nurse (who was a LPN), the evening supervisor (who was a Registered Nurse (RN)), the Activities Director, the Business Office Manager and the weekend Supervisor (who was a RN). The surveyor notified the AT that Resident #3 had a Foley catheter inserted on 2/12/15 for MASD. The surveyor notified the AT that the Foley was discontinued on 3/24/15. The surveyor notified the AT that the Annual MDS with the ARD of 3/27/15 failed to capture the use of an indwelling Foley catheter. The surveyor notified the AT that the look back period for Section H. Bladder and Bowel was 7 days and the use of the indwelling Foley catheter should have been captured/coded on the MDS. The surveyor also notified the AT that the facility staff inaccurately coded Resident #3 as having a UTI in the past 30 days on the Annual MDS assessment. The surveyor notified the AT that signs and symptoms of a UTI were not documented in the clinical record; therefore, a UTI could not be

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	captured/coded on	the MDS.					
		nation was provided prior to					
		s to why the facility staff failed					
		te and accurate MDS					
	assessment for Res						
		4 the facility staff failed to					
		nimum Data Set (MDS) accurate. The MDS					
		ne Assessment Reference					
		6/15 and 7/3/15. The facility					
		Section I. Active Diagnoses					
	Musculoskeletal I40	<u>~</u>					
	Resident #4 was an	89 year old female who was					
		on 4/22/13 and readmitted on					
		diagnoses included, but were					
		somnia, dementia with					
	a fractured right fem	sion, rheumatoid arthritis and					
		DS located in the clinical					
		y Medicare MDS assessment					
		15. The facility staff coded					
		d a Cognitive Summary Score					***************************************
		taff also coded that Resident					o de la companya de l
		e assistance (3/2) with					POPPERATURE
	Activities of Daily Liv	/ing (ADL's). In Section I.					nepalano
		e facility staff did not code in					
		#4 had an "Other Fracture."					
		8 a.m. the surveyor observed					
	Resident #4 lying in	it #4 regarding her staff at the					Towns and the second se
		nt fall. Resident #4 informed					do management de
		ew weeks ago she had gotten					Santaniyyi için
		e and had fell and broke her					mouleideceas
	leg.						occon79410mm
		11:20 a.m. the surveyor					HEISPHOOMMAN
		4's clinical record. Review of					Manhemonia de la companio della comp
	the clinical record pro	oduced "Progress Notes"					Control of the Contro

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dated 6/16/15 that documented that Resident #4 was found in the floor at the side of her bed.

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F 278	stated "don't move Resident #4 was seroom for evaluation Further review of the "History and Physics Sheet." These two Resident #4 had a recontinued review of a Medicare 5 Day Not 6/26/15. The face #4 had a Cognitive facility staff also concextensive assistance Living (ADL's). In Stacility staff did not of #4 had an "Other Fron July 15, 2015 at notified the MDS Nuto capture/code Reson the MDS's with the 7/3/15. The surveyor clinical record to incom MDS Nurse. The surveyor clinical record to incom MDS Nurse. The surveyor notified Other Fracture" shoon July 15, 2015 at with the Administrator, two MDS Nurses (we Corporate Quality Asquality Assurance Nother Staff Development the evening supervisions (RN)), the Act Office Manager and	ained that her leg hurt and re my leg my thigh hurts." ent to the hospital emergency e clinical record produced a al" and a "Physician Order documents documented that ight femur fracture. If the clinical record produced IDS assessment with an ARD lility staff coded that Resident Summary Score of 15. The led that Resident #4 required e (3/2) with Activities of Daily ection I. Active Diagnoses the code in 14000 that Resident	F 278			

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	6/16/15 due to a fal surveyor notified the not coded Section I "Other Fracture" on assessment with the Day Medicare MDS 7/3/15. The survey facility staff failed to accurate MDS asse No additional inform exiting the facility as to ensure complete Resident #4.  3. For Resident #6, complete an entry M	ad a right femur fracture on at the side of her bed. The e AT that the facility staff had a Active Diagnoses I4000 for a 5 Day Medicare MDS e ARD of 6/26/15 and a 14 assessment with the ARD of yor notified the AT that the ensure a complete and essment for Resident #4. The nation was provided prior to be to why the facility staff failed and accurate MDS's for a facility staff failed to MDS assessment after a the facility after a hospital				
	6/17/03 and readmiti Diagnoses included malnutrition, dement resident was assess memory deficits and daily decision making	100 m				
	surveyor noted that t assessment was for	15. No subsequent MDS				
	The director of nursir	ng and MDS coordinator				manaca

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were notified of the concern on 7/15/15.

4. For Resident #9, facility staff failed to maintain accurate diagnosis lists on MDS assessments.

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	with diagnoses inclutraumatic brain injurresident scored 15/	imitted to the facility on 4/2/15 uding HTN, UTI, arthritis, y, and muscle weakness. The 15 on the Brief Interview for was assessed with no signs of s				

During clinical record review, the surveyor reviewed the admission MDS assessment with ARD 4/9/15. The resident was assessed with an indwelling catheter. The active diagnoses list included Section I 1400 benign prostatic hyperplasia(BPH) and I 1650 urinary obstruction was not checked. Section I 18000 (additional diagnoses) listed urinary obstruction NOS, and BPH w/o obs/luts. The resident's care plan dated 4/12/15 listed urethral catheter related to diagnosis of obstructive uropathy causing inability to void and empty bladder; diagnosis: 600.00 BPH w/o urinary obs/luts.

The surveyor asked the director of nursing and MDS coordinator which diagnosis was correct and was given the Skilled Nursing Facility Transfer Report dated 3/22/15. The past medical history did not list prostatic hypertrophy. The assessment included diagnosis of obstructive uropathy. The MDS assessment did not reflect the physician's diagnosis.

The administrator, director of nursing, and MDS coordinator were informed of the concern on 7/15/15

F 315 483.25(d) NO CATHETER, PREVENT UTI, SS=E RESTORE BLADDER

Based on the resident's comprehensive

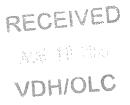
Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth (cont. on next page.)

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## DEPARTMENT OF HEALTH AND HUMAN TRVICES CENTERS FOR MEDICARE & MEDICAID TRVICES

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#### F 315 Continued From page 9

assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, clinical record review and facility document review it was determined that the facility staff failed to anchor and indwelling Foley catheter and a Supra-pubic catheter for 2 of 10 Residents in the sample survey, Resident #2 and #1.

Additionally, the facility staff failed to provide medical justification for the use of a Foley catheter for 1 of 10 Residents in the sample survey, Resident #3.

- 1. For Resident #2 the facility staff failed to anchor an indwelling Foley catheter.
- 2. For Resident #3 the facility staff failed to provide medical justification for the use of a Foley catheter.
- 3. For Resident #1 the facility staff failed to anchor a Supra-public catheter.

The Findings Included:

1. For Resident #2 the facility staff failed to anchor an indwelling Foley catheter. Resident #2 was a 76 year old male who was admitted on 7/24/14. Admitting diagnoses included, but were not limited to: dementia with behaviors, gastrostomy tube placement, urine retention, hypertension, urinary tract infection and bacterial pneumonia.

#### F 315

(continued from previous page)

of the facts alleged or the correctness of the conclusions written in the statement of deficiencies. This plan of correction is prepared soley because of the requirements under state and federal law.

 Address how correction action will be accomplished for those residents found to have been affected by the deficient practice.

Resident # 2 and #1 had their foley catheters anchored immediately to maintain a safe environment.

Resident #3 had foley discontinued prior to the start of the survey

100% of all residents with an indwelling catheter and or those at risk as evidenced by NP assessments will be audited for medical justification. DON or designee will ensure a standards of care review for all.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

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### F 315 Continued From page 10

The most current Minimum Data Set (MDS) located in the clinical record was a Quarterly MDS assessment with an Assessment Reference Date of 4/11/15. The facility staff coded that Resident #2 had short and long term memory impairment (1/1) and was moderately impaired with daily decision making regarding Activities of Daily Living (ADL's). The facility staff coded that Resident #2 required extensive assistance (3/2) with ADL's. In Section H. Bowel and Bladder the facility staff coded that Resident #2 had an indwelling urethral catheter.

On July 15, 2015 at 7:45 a.m. the surveyor observed Resident #2 lying in bed on his right side. The surveyor observed a Foley catheter tubing extending from the left hand side of the bed covers. The surveyor observed a Certified Nursing Assistant (C.N.A. #1) walking in the hallway. The surveyor asked for C.N.A. (#1) to step into Resident #2's room. The surveyor informed the C.N.A. (#1) that she wanted to see if Resident #2's catheter was anchored. The C.N.A. (#1) lifted Resident #2's bed covers. The surveyor and C.N.A. (#1) observed Resident #2 lying on his right side with his knees bend at 90 degrees. Resident #2's heels were almost touching his diaper in the buttocks area. The surveyor and C.N.A. (#1) observed that the Foley catheter was exiting the back of the diaper. No anchor was observed. The surveyor and C.N.A. (#1) also observed that the Foley catheter tubing and the urinary drainage bag tubing were completely encompassing Resident #2's left

On July 15, 2015 at 7:50 a.m. the surveyor notified the Unit Charge nurse, who was a Licensed Practical Nurse (LPN #2) that Resident #2's Foley catheter was not anchored and that the Foley catheter tubing and urinary drainage

#### F 315

Preparation and submission of this plan of correction does not constitute an admission or agreement bt the provider of the truth of the facts alleged or the correctness of the conclusions written in the statement of deficiencies. This plan of correction is prepared soley because of the requirements under state and federal law.

2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice All residents have the portential to be affected. A 100% assessment audit on residents with foley catheters was conducted since 7/16/2015 and is ongoing.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

The staff development coordinator and or designee will in-service all certified and licensed nursing staff on the care and use of indwelling catheters. Inservices will include but not be limited to

- a) acceptable diagnosis for indwelling catheter use.
- b) catheter care and anchoring of the related tubing.

All residents with indwelling catheters will be reviewed at weekly standards of care meeting.

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### DEPARTMENT OF HEALTH AND HUMAN CERVICES CENTERS FOR MEDICARE & MEDICAIL ERVICES

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	Resident #2's left a LPN (#2) if Residen	mpletely encompassing nkle. The surveyor asked t #2's Foley catheter was		icate how the facility plans to rake sure that solutions are sus		
	supposed to be anchored and LPN (#2) stated, "Yes." On July 15, 2015 at 8:10 a.m. the surveyor			The unit managers' or designees' daily rounding will include but not be limited to the following pertaining to indwelling		
	notified the Director of Nursing (DON) that Resident #2's Foley catheter was not anchored and that the Foley catheter tubing and urinary drainage bag tubing were completely encompassing his left ankle. The surveyor requested a copy of the facility policy and procedure for catheter care. On July 15, 2015 at 8:20 a.m. the surveyor reviewed Resident #2's clinical record. Review of the clinical record produced physician orders. Physician orders included, but were not limited to: "Foley Catheter Every 14 days continuous Change Foley Catheter drainage bag q (every) 2 weeks DX (diagnoses) Foley catheter care. RETENTION OF URINE." (sic) On July 15, 2015 at 5 p.m. the survey team met with the Administrative Team (AT) that consisted of the Administrator, DON, two MDS Nurses (whom were both LPN's), the Corporate Quality Assurance Nurse, the facility Quality Assurance Nurse, the Dietary Manager, the Staff Development Nurse (who was a LPN), the evening supervisor (who was a Registered Nurse (RN)), the Activities Director, the Business Office Manager and the weekend Supervisor (who was a RN). The surveyor notified the AT that Resident #2's Foley catheter was not anchored to prevent excessive tension of the urinary meatus. The surveyor also notified the AT that the Foley catheter tubing and urinary drainage bad tubing		catheters:  a)Catheter tubing is safely secured and appropriately anchored.			
			DON or designee will do a 100% audit of current residents with orders for indwelling catheters to ensure there is medical justification.			
			cathet All res	or designee will audit new ordeters for medical justification. The sults will be shared in standard ance meetings.	ne audit will be ongoing.	
			All	ate when corrective action will corrective action shall be comp8/2015	•	

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ankle.

were completely encompassing Resident #2's left

On July 15, 2015 at 5:10 p.m. the DON hand

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## **DEPARTMENT OF HEALTH AND HUMAN ERVICES**

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delivered a document that had been copied from a book and was titled ... "374 (page) Indwelling Urinary Catheter Care and Removal." The document read in part ... "Tape catheter to the patient's abdomen or thigh to prevent pressure on the urethra at the penoscrotal junction, which can lead to formation of urethrocutaneous fistulas Taping this was also prevents traction on the bladder and alteration in normal direction of urine flow in males. As an alternative, secure the catheter to the patient's thigh using a leg band with a Velcro closure. This method decreases skin irritation, especially in patients with long-term indwelling catheters."

No additional information was provided prior to exiting the facility as to why the facility staff failed to anchor Resident #2's indwelling Foley catheter.

For Resident #3 the facility staff failed to provide medical justification for the use of an indwelling Foley catheter.

Resident #3 was a 76 year old female who was admitted on 5/13/10. Admitting diagnoses included, but were not limited to: anxiety, depression, urinary tract infection, hypertension, diabetes mellitus, psychosis and a cerebrovascular accident with aphasia. The most current Minimum Data Set (MDS) assessment located in the clinical record was a Quarterly MDS with an Assessment Reference Date (ARD) of 6/25/15. The facility staff coded that Resident #3 had a Cognitive Summary Score of 13. The facility staff also coded that Resident #3 required extensive assistance with Activities of Daily Living (ADL's). The facility staff also coded that Resident #3 was totally incontinent of bladder and bowel (3/3).

On July 15, 2015 at 9:50 a.m. the surveyor reviewed Resident #3's clinical record. Review of the clinical record produced a Nurse Practitioner

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		12/15 that read in part				
		n associated skin damage) -				
		atheter) prevention of skin				
		re ulcer infection continue with				
		arrier urinary incontinence-high				
	risk UTI's (urinary tr	ract infections) skin				
	breakdown." (sic)	etad atin damana ja tha				
		ated skin damage is the king down of skin resulting				
	from prolonged exp					
	,	f the clinical record produced				
		ated 2/12/15. The order read				
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		event skin breakdown ®				
		risk for infection." (sic) The				
		discontinued on 3/24/15.				
		f the clinical record failed to				
		dent #3 had a pressure ulcer				
		fication for the use of the				
	Foley catheter.	48 4F (1				
		10:15 a.m. the surveyor				
		of Nursing (DON) and the as a Licensed Practical Nurse				
	,	as a Licensed Fractical Nurse in the state of the state o				
		The surveyor notified the				
		se that a medical justification				
		nented for the use of the				
		surveyor notified the DON				
	and MDS Nurse that	t Resident #3's diagnoses for				
		catheter was maceration of				
		yor notified the DON and				
		ceration was caused by				
		ing wet for extended periods				
	-	or notified the DON and MDS				
		nce and maceration were not				
		agnoses for the use of a				
	roley califeter. The	surveyor notified the DON				

and MDS Nurse that the facility staff should have kept Resident #3 clean and dry, implemented



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F 315	other interventions rather than inserting On July 15, 2015 at with the Administrator of the Administrator (whom were both L Assurance Nurse, the Dietary I Development Nurse evening supervisor (RN)), the Activities Manager and the war a RN). The survey #3 had a Foley cath MASD. The survey maceration was caubeing left wet for exsurveyor notified the an acceptable medical Foley catheter. No additional informed exiting the facility as to provide/obtain medical Foley catheter. No additional informed in Foley catheter. Suprapubly catheter for the surveyor notified the an acceptable medical Foley catheter. No additional informed in Foley catheter. No additional informed in Foley catheter. Suprapubly catheter for Resident #1 was adwith diagnoses include feet hemiplegia, no post above the kneed quarterly MDS assess 3/15 on the brief into was not assessed with psychosis. On 7/15/15 at approximations and the suppression of the superposition of the sup	such as a toileting program of a Foley catheter.  5 p.m. the survey team met inve Team (AT) that consisted of DON, two MDS Nurses PN's), the Corporate Quality the facility Quality Assurance Manager, the Staff of (who was a LPN), the (who was a Registered Nurse Director, the Business Office beckend Supervisor (who was or notified the AT that Resident of the AT that inserted on 2/12/15 for or notified the AT that itsed by incontinence and tended periods of time. The eat AT that incontinence was not call justification for the use of ation was provided prior to to why the facility staff failed edical justification for the use or Resident #3. facility staff failed to anchor a	F 3	15	

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the resident's catheter was anchored. She lifted the covers and said that it was not. The surveyor asked the director of nursing if the catheter

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F 323 SS=D	environment remainas is possible; and el adequate supervisio prevent accidents.  This REQUIREMEN by: Based on observation record review and fadetermined that the file.	VISION/DEVICES   sure that the resident   s as free of accident hazards   each resident receives   in and assistance devices to	constitute of the fac in the sta is prepare	ion and submission of this pla e an admission or agreement cts alleged or the correctness tement of deficiencies. This p	by the provider of the truth of the conclusions written lan of correction
		sample survey, Resident #2.			

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## DEPARTMENT OF HEALTH AND HUMAN ERVICES

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ret ba	ention, hypertens cterial pneumonia	sion, urinary tract infection and	havir	Iress how the facility will identify ot ng the potential to be affected by the ent practice	
loc ass of #2	ated in the clinica sessment with an 4/11/15. The faci had short and lor	inimum Data Set (MDS) al record was a Quarterly MDS Assessment Reference Date lity staff coded that Resident ag term memory impairment rately impaired with daily	All res	sidents have the portential to be af 1% safety assessment audit on res ters was conducted since 7/16/201	idents with foley
de Liv Re	(1/1) and was moderately impaired with daily decision making regarding Activities of Daily Living (ADL's). The facility staff coded that Resident #2 required extensive assistance (3/2) with ADL's. In Section H. Bowel and Bladder the		<ol><li>Address what measures will be put into place or systemi changes made to ensure that the deficient practice will not recur.</li></ol>		
ind On	welling urethral c July 15, 2015 at	at Resident #2 had an atheter. 7:45 a.m. the surveyor #2 lying in bed on his right	on 7/23	ified and licensed staff inservice was 3/2015. The staff development coomplete inservices	
tub bed Nu hal ste	side. The surveyor observed a Foley catheter tubing extending from the left hand side of the bed covers. The surveyor observed a Certified Nursing Assistant (C.N.A. #1) walking in the hallway. The surveyor asked for C.N.A. (#1) to step into Resident #2's room. The surveyor informed the C.N.A. (#1) that she wanted to see if		a) Cath b) Revi	will include but not be limited to the leter care and anchoring of tubing ew of catheter tubing to ensure an lard free environment. Ement checks of legs knees and fe	accident and

Resident #2's catheter was anchored. The

C.N.A. (#1) lifted Resident #2's bed covers. The surveyor and C.N.A. (#1) observed Resident #2 lying on his right side with his knees bend at 90 degrees. Resident #2's heels were almost

of care and quality assurance meetings.



Ongoing review and audits will be shared at weekly standards

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	•	in the buttocks area. The			
	surveyor and C.N.A catheter was exiting	. (#1) observed that the Foley the back of the diaper. No ed. The surveyor and C.N.A.		cate how the facility plans to move sure that solutions are susta	
	<ul> <li>(#1) also observed that the Foley catheter tubing and the urinary drainage bag tubing were completely encompassing Resident #2's left ankle.</li> <li>On July 15, 2015 at 7:50 a.m. the surveyor notified the Unit Charge nurse, who was a Licensed Practical Nurse (LPN #2) that Resident #2's Foley catheter was not anchored and that the Foley catheter tubing and urinary drainage bag tubing were completely encompassing</li> </ul>		resider placem Review standu assura	it managers' or designees' daing the positioning specific to indwert the provision of the p	lling catheter tal safety of tubing. shall occur in the daily of care and quality
Resident #2's left ankle. The surveyor asked LPN (#2) if Resident #2's Foley catheter was supposed to be anchored and LPN (#2) stated, "Yes." The surveyor informed LPN (#2) that if Resident #2 had straightened out his legs it would have pulled out the Foley catheter with the bulb inflated.  On July 15, 2015 at 8:10 a.m. the surveyor notified the Director of Nursing (DON) that		All o	when corrective action will be orrective action shall be compl 2015	•	
	and that the Foley of drainage bag tubing encompassing his le requested a copy of procedure for cathet On July 15, 2015 at reviewed Resident # the clinical record pr Physician orders incompared to the draining and the second procedure.	oft ankle. The surveyor the facility policy and			

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Change Foley Catheter drainage bag q (every) 2 weeks DX (diagnoses) Folet catheter care.

On July 15, 2015 at 5 p.m. the survey team met with the Administrative Team (AT) that consisted

RETENTION OF URINE." (sic)

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#### DEPARTMENT OF HEALTH AND HUMA ERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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AUTUMN CA	ARE OF PORTSMO	DUIH		PORTSMOUTH, VA 23707	
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#### F 356 Continued From page 19

a daily basis:

- o Facility name.
- o The current date.
- o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:
  - Registered nurses.
- Licensed practical nurses or licensed vocational nurses (as defined under State law).
  - Certified nurse aides.
- o Resident census

The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format.

o In a prominent place readily accessible to residents and visitors.

The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.

This REQUIREMENT is not met as evidenced

staff failed to post the total number and actual hours worked by each category of licensed and unlicensed nursing staff directly responsible for resident care per shift.

F 356

Preparation and submission of this plan of correction does not The facility must post the following information on constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions written in the statement of deficiencies. This plan of correction is prepared soley because of the requirements under state and federal law.

> 1. Address how correction action will be accomplished for those residents found to have been affected by the deficient practice.

The facility posted the daily schedule of nursing staff in a prominent place readily accesible to residents and visitors on 7/16/2015

2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice

All residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

The DON and or designee will ensure the daily posting of the nursing staffing data for each shift.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.

The area of posting for the schedules will be monitored by the DON or designee on a daily basis. Monitoring shall be ongoing.

Based on observation and staff interview, facility 5. Date when corrective action will be completed All corrective action shall be completed on or before 8/28/2015

ORM CMS-2567(02-99) Previous Versions Obsolete

Event ID G5GS11

Facility ID VA0014

If continuation sheet Page 20 of 21



### DEPARTMENT OF HEALTH AND HUMAN ERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/29/2015 FORM APPROVED OMB NO. 0938-0391

	1 OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
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		495194	B WING		07/15/2015
Burger and Control of the Control of	PROVIDER OR SUPPLIER  N CARE OF PORTSMO	DUTH		STREET ADDRESS, CITY STATE, ZIP CODE 3610 WINCHESTER DR PORTSMOUTH, VA 23707	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE COMPLETION
F 323	(whom were both Li Assurance Nurse, the Dietary Move pevening supervisor (RN)), the Activities Manager and the wear RN). The surveyor #2's Foley catheter excessive tension of surveyor also notified catheter tubing and were completely end ankle and if he had should have pulled the bulb still being inflate On July 15, 2015 at delivered a document a book and was title. Urinary Catheter Catheter and document read in papatient's abdomen of the urethra at the pelead to formation of the urethra	PN's), the Corporate Quality he facility Quality Assurance Manager, the Staff (who was a LPN), the (who was a Registered Nurse Director, the Business Office bekend Supervisor (who was or notified the AT that Resident was not anchored to prevent of the urinary meatus. The sed the AT that the Foley urinary drainage bad tubing compassing Resident #2's left straightened out his legs it the Foley catheter out with the sed.  5:10 p.m. the DON hand that had been copied from dec "374 (page) Indwelling re and Removal." The last "Tape catheter to the resident traction, which can urethrocutaneous fistulas. In prevents traction on the in in normal direction of urine a alternative, secure the last's thigh using a leg band of this method decreases ally in patients with long-term	F3	<u> </u>	
F 356	483.30(e) POSTED I	NURSE STAFFING	F 35	66	et de production de la constant de l

SS=C INFORMATION

## DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRINTED: 07/29/2015

CENTERS FOR MEDICARE & MEDICAL SERVICES					FORM APPROVE OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
PORTONIA ALIA ANIA ANIA ANIA ANIA ANIA ANIA A		495194	***		C 07/15/2015	
NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF PORTSMOUTH				STREET ADDRESS CITY, STATE, ZIP CODE 3610 WINCHESTER DR PORTSMOUTH, VA 23707		
(X4) IL) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETION  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 356	Continued From page	ge 20	F 36	56		
	On entering the facility on 7/14/15, the surveyor was unable to locate staffing posting. The surveyor asked at the nurse's station where the nurse staffing totals were posted. Staff offered a folder containing "Autumn Care Daily Nursing Schedule" which was on a counter behind the nurse's station. The surveyor asked where the staffing was posted so that visitors would know					

On 7/14, the administrator and director of nursing confirmed that the information was not posted. The administrator was able to provide the hours worked information from the payroll system. Both acknowledged there was no process for posting required nurse staffing information.

how many nurses and aids worked that day and how many hours they worked. Staff said they

didn't think they did that.

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VDH/OLC